

# Directions for Completing and Submitting Requests for Waivers

## Purpose

The *NC Policies Governing Services for Children with Disabilities* states:

“Whenever the pupil-teacher ratio for a class period/caseload exceeds the requirements of this section, the class size enrollment form and request for waiver must be submitted to the Exceptional Children Division.” [NC 1508-1(c)]

## Request for Class Size/Caseload Waiver

For **Class Size Waiver-only**, LEAs should complete **all** the items on the *Request for Class Size/Caseload Waiver*.

For **Caseload Waiver-only**, LEAs should complete the following items on the *Request for Class Size/Caseload Waiver*.

- Class Profile
  - Level of Services/Supports
  - Instruction
  - Grade
  - Number of Assistants
- Staffing Profile
  - Teacher Name
  - Total Teacher Caseload

## Directions for Data Entry

- LEA Name (this should be the full official name of the LEA)
  - *For charter schools, the LEA and School are the same.*
- School (full name)
  - *For charter schools, the LEA and School are the same.*
- District
  - Please list the District in which your LEA is located using the numbers 1-8 rather than the District name (Southeast, etc.).
  - District = Region
- Class Profile
  - Total Number of Students
    - This is the total, unduplicated, number of students for the class period.
  - Level of Services/Supports
    - The number of students should be listed for each level present in the class/class period. (General, Sustained, Targeted, Intensive)
  - Instruction
    - The number of students should be listed for each instructional level present in the class/class period.

- Standard CoS – Standard Course of Study
  - Occupational CoS – Occupational Course of Study
  - Extensions of SCoS – Extensions of the Standard Course of Study
- Eligibility Category
  - The number of students for each eligibility category should be counted – even if a student is counted multiple times.
- Grade
  - Count and record the students for each grade level present in the class/class period.
- Class Period
  - Record the start and end time for each class a waiver is requested. If a waiver is requested for a class that lasts all day, the start and end time should be recorded to reflect the school day.
- Unique Needs
  - Mobility Issues
    - Record the number of students that require walkers, wheelchairs, lifting, gait training and/or positioning equipment. Numbers may be duplicated for students that require multiple supports.
    - If other is selected, please name the support and the number of students requiring the support.
  - Behavior Plan
    - Record the number of students with behavior plans that address aggression, self-injurious behavior, elopement and/or CPI restraint. Numbers may be duplicated for students that require multiple supports.
    - If other is selected, please name the support and the number of students requiring the support.
    - Please note: *This section should reflect information for students with behaviors that impede personal learning or the learning of others and has been addressed formally through a behavior intervention plan.*
  - Health Care Plans
    - Record the number of students with health care plans that require catheters, ventilators, tube feeding, nursing, suctioning, oxygen, and/or procedures for seizures or apnea. Numbers may be duplicated for students that require multiple supports.
    - If other is selected, please name the support and the number of students requiring the support.
    - Please note: *This section should reflect information for students with unique health needs that have been addressed formally through a health care plan.*
  - Daily Care
    - Record the number of students that require 1:1 assistance and/or assistant.
    - Please note: *This section should reflect information for students with unique needs that have Personal Attendant documented on the IEP. This may include the assignment of a Personal Attendant, 1:1 assistance for participating in inclusion activities during the class period a waiver is requested, etc.*
  - Assistive Technology (AT)

- Please list all of the devices used by the students during the class period a waiver is requested. Emphasis should be placed on AT that require adult support.
- Staffing Profile
  - Teacher Name
  - Total Teacher Caseload
    - Please note: *This is cumulative information that should not be restricted to the number of students in the class for which a waiver is requested – unless the class reflects the teacher’s entire caseload.*
- Request for Approval
  - This section provides a statement acknowledging the LEA is out of compliance with class size/caseload policy. It must be signed by the Principal of the school in which the class is located or the service provider’s supervisor; the EC Director/Coordinator; and the Superintendent/Lead Administrator for the LEA.
- For DPI Use Only
  - This section is used to record whether or not the request for waiver has been approved. It will be signed by a EC Division consultant and dated with the date of the review. A copy of each waiver requested and reviewed will be returned to the LEA and maintained at DPI in the EC Division according to the records retention schedule.

*Please note:*

*One Request for Class Size/Caseload Waiver must be requested for:*

- *each individual class period that exceeds the requirement; and*
- *each individual class period that has a change in class composition (situations in which teachers are sharing students for instructional purposes).*

## Request for Related Services Caseload Waiver

Using the *Request for Related Services Caseload Waiver* form, please enter the following information:

- LEA Name (this should be the full name of the LEA)
- School (full name of Base School)
- District
  - Please list the District in which your LEA is located using the numbers 1-8 rather than the District name.
  - District = Region
- Staffing Profile
  - Service Provider Name
  - Type of Service
    - Select SLP, OT, or PT
  - FTE Allotment for this provider
    - Hours available for IEP services per week refers to the total number of hours allocated for this provider to complete IEP-related duties (e.g., direct service, IEP related consultation, IEP meetings, EC evaluations, progress monitoring, documentation of services, travel between schools/sites, preparation of materials, etc.)

- For example, if the therapist works 37.5 hours per week (1 full-time equivalent [FTE] in this example LEA) and serves 2 days a week (15 hours) on a play-based assessment team, then the provider has 22.5 hours available for IEP services per week.
- Example II: a different LEA considers 40 hours the length of the work week (1 FTE) for its therapists. The therapist in question works 3 days per week (24 hours) and has no assigned non-IEP related duties. This provider has 24 hours available for IEP services per week.
- Example III: like the first example, this LEA deems 37.5 hours = 1 FTE. The therapist in question works full-time; he serves 1 day a week (7.5 hours) on an assistive technology team and provides 2 hours of MTSS interventions, 2 mornings a week (total 4 hours of MTSS time per week). This leaves 26 hours ( $37.5 - 7.5 - 4 = 26$ ) available for IEP services per week.
- Special Factors
  - Number of IEP hours per week
  - Number of students on caseload
  - Number of therapy assistants supervised
  - Number of weekly hours for specialty team assignments/additional duties
  - Number of sites served (schools, work sites, daycare facilities, etc.)
  - Number of hours/week spent traveling
  - Average monthly mileage
- Request for Approval
  - This section provides a statement acknowledging the LEA is out of compliance with class size/caseload policy. It must be signed by the Principal of the school in which the class is located or the service provider's supervisor; the EC Director/Coordinator; and the Superintendent/Lead Administrator for the LEA.

## Submitting Class Size/Caseload Waivers

Using the *Request for Class Size/Caseload Waiver Summary*, please enter the following information:

- LEA Name (this should be the full name of the LEA)
- School (full name)
- District
  - Please list the District in which your LEA is located using the numbers 1-8 rather than the District name.
  - District = Region
- Date
  - Date on which the waivers were submitted to the EC Division.
- School Name
  - List the school name for each class/caseload waiver requested.
- Name of Teacher/Service Provider
  - List the name of the Teacher/Service Provider for each class/caseload waiver requested.
- Class Period

- Record the start and end time for each class a waiver is requested. If a waiver is requested for a class that lasts all day, the start and end time should be recorded to reflect the school day.
- Please note: *This information may not be relevant to requests for related services caseload waivers.*
- Was a waiver requested for this class/caseload during the last reporting period?
  - For the Fall of 2017, this question should be answered based on waiver requests made for the 2016-2017 school year.
  - For the Spring of 2018, this question should be answered based on waiver requests made for the Fall of 2017.
  - For each following year, this question should be answered based on waiver requests made for the previous Spring or Fall reporting period respectively.
- Submitted by
  - A signature, with the date signed, is required from the EC Director/Coordinator or Designee.
- The packet of requests with the summary can be emailed to the assigned monitoring consultant for the LEA.
  - Please note: *This includes all class size/caseload requests (Related Services Caseload + Class/Caseload). An internal process will ensure the appropriate consultant reviews the request(s).*
  - Monitoring Assignments can be found at the link below:

[https://ec.ncpublicschools.gov/reports-data/cipp\\_monitoring/PMAMonitoringAssignments.16.17.pdf](https://ec.ncpublicschools.gov/reports-data/cipp_monitoring/PMAMonitoringAssignments.16.17.pdf)